

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10811433**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1/2					52								
3		2					53								
4		2					54								
5		2					55								
6		2					56								
7		2					57								
8		2					58								
9		2					59								
10							60								
11							61								
12							62								
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38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	15						TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS	16						TOTAL CLAIMS								